

**Town of Florence**  
**P.O. Box 2670**  
**Florence, Arizona 85132**  
**520-868-7500**  
E-mail: <http://www.florenceaz.gov>

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

**Town of Florence**

**Company Id #A000002266**

I (we) hereby authorize the Town of Florence, hereinafter called COMPANY, to initiate debit entries **Select one** of the following types of accounts: ( ) Checking (A voided check must accompany this form) or ( ) Savings account (A voided savings account deposit slip must accompany this form). Indicate below the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account as requested above.  
**NOTE: PLEASE** notify the Finance Department when an account on this program has been closed.

DEPOSITORY

NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (S) \_\_\_\_\_

SS NUMBER \_\_\_\_\_ Water Acct # \_\_\_\_\_ Assessment# \_\_\_\_\_

PHONE # \_\_\_\_\_ (H), \_\_\_\_\_ (2<sup>ND</sup> H), \_\_\_\_\_ (OTHER)

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

Town of Florence only

Entered by \_\_\_\_\_ Date \_\_\_\_\_